

## Some aspects of dermatology in Sri Lanka

K Satgurunathan<sup>1</sup>

*Sri Lanka Journal of Dermatology*, 2009, 13, 4-6

I would like to speak on "Some aspects of dermatology in Sri Lanka" and share some of my experiences and what I have learnt over the years from encounters with my patients.

Sri Lanka has a rich cultural heritage. It has a documented history dating back to over 2500 years, according to the great chronicle Mahavansa, written by Buddhist monks.

There are four ancient systems of medicine practiced in Sri Lanka. The earliest inhabitants of Sri Lanka were the *Aswas*, who had their own system of medicine, followed by *Rakshas* who practised the *Pulasthi* system of Medicine. They were followed by the *Nagas* and *Yaksas* who practiced *desheeya vedakama* which is still practiced in the North Central province of the country. Subsequently Ayurveda, Siddha and Unani systems of Medicine were introduced to Sri Lanka.

### Siddha medicine

God Siva is believed to have taught this art to his consort Goddess Parwathie, who subsequently passed it to Nandideva and Agasthyar. This system was developed by Siddhas, who were considered as highly cultured intellectuals with supernatural powers. The recipes were written in the form of poems with hidden meanings, and were taught in Gurukula system. The pulse reading (*nadisasthram*) is mostly practiced in this system of medicine. Metals, minerals and animal products are used in its pharmacopias. The diseases like erysipelas (*akki*), ring worm (*padarthamari*), scabies (*chirangu*) are claimed to be treated effectively by Siddha medicine.

### Unani medicine

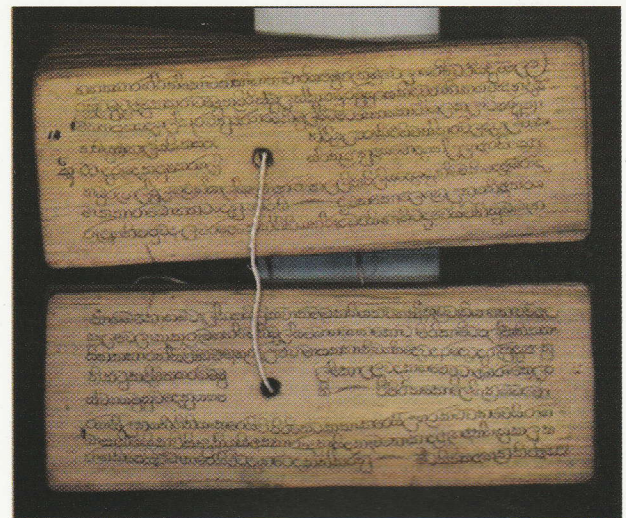
Unani medical system was brought to Sri Lanka by the Arab traders. It is mainly practiced by Udayar family in Mavanella area. It is based on blood purification using herbs as laxatives.

### Ayurveda Medicine

Ayurveda was introduced with Buddhism to Sri Lanka, and it literally means science of life or prolongation of life. Ayurveda views disease as a state of imbalance of air (*vayu*), bile (*pitta*), phlegm (*kaph*). Skin diseases are mainly due to the imbalance of *pitta*.



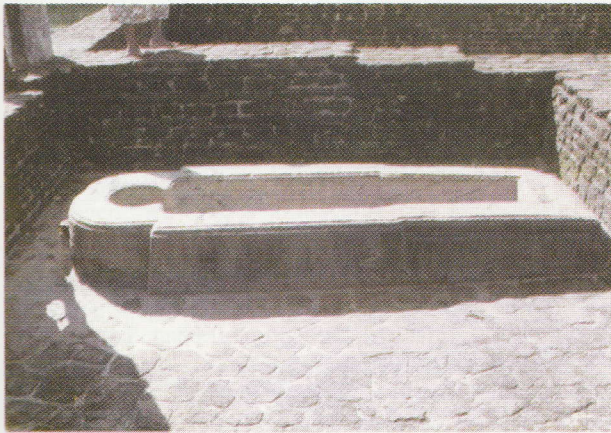
Ancient Hospital



Ayurveda pharmacopoeia is written in ola leaves.

<sup>1</sup>Consultant Dermatologist, National Hospital of Sri Lanka.

Ayurveda texts are written on ola leaves and contain sections on skin diseases<sup>1</sup>. The basis of Ayurvedic treatment of a skin disease is largely the application of medicinal herbs in the form of pastes. Immersion therapy using extracts of medicinal herbs, milk and oils was also prescribed.



Stone trough seen in ancient hospital site.

Stone troughs were used for immersion therapy. These have been discovered in ancient hospital sites. These are rectangular blocks of stones that have been scooped out in the shape of a human body for the economical use of medicinal herbs<sup>1</sup>.

Ayurvedic system enjoyed its golden era in Sri Lanka with the ancient kings, with royal patronage for several centuries<sup>2</sup>. After the foreign invasion in 16th century Ayurvedic system faced competition with western medicine, but survived because Ayurveda has numerous volumes of pharmacopias and was well rooted in Sri Lankan culture. Based on Ayurveda the people in Sri Lanka have different beliefs about most of the skin diseases. Most believe that skin diseases are due to heaty bodies and blood poisoning.

According to Ayurveda, health and sickness depend upon the harmony or disharmony of the three humors. Since skin diseases are connected to *pitta*, heating or cooling of the body by dietary modifications is believed to help in treating these diseases. Heaty foods are mainly considered to have high calories, spices, bitter taste and red color. Cooling food has a high content of water<sup>3</sup>. The hot cool theory has spilled over to drugs too. Antibiotics and non steroidal antiinflammatory drugs are considered to be heaty<sup>3</sup>. The patients yet like to find out from the dermatologist, what to consume and what to avoid. They also try to make sure that there are no heaty drugs (*sara beheth*) in their prescription after their consultation.

Most believe that the skin lesions get exacerbated after attending funerals.

According to folklore, impetigo which is believed to be caused by evil mouth and evil eye is preventable by wearing black pottu and waist bands and washing with charmed water. Most people still believe if eczema and other skin diseases are cured, this would lead to psychiatric and ocular illness. Viral warts are attributed to bad planetary influences, it is believed that it could be cured if it is transferred to someone else. This is done by pricking the warts to extract a little blood which is taken in a coin and left at a busy street junction to be picked up by someone else. *Alopecia areata* which is an auto immune disease, is felt to be caused by an imaginary insect called "Undugowwa".

Most of Sri Lankan rural community resort to home remedies and herbal medicine for skin diseases and they rely on the advice of the elderly family members and friends. Medicinal plants like adathoda (*Adhatoda vasica*), nidikumba (*Mimosa pudica*), tamarind (*Tamarindus indica*), lemon (*Citrus aurdufolia*), kohomba (*Azadirachta indica*) leaves are freely available in rural areas and are commonly used. *Pityriasis versicolor* commonly known as "aluhan" is treated with eththora (*Cassia alata*), leaves made into a paste with lime juice. Though it seems to be effective in some, irritant dermatitis is known to occur after applying the eththora paste. Infected eczemas (*raththaya*) were treated with application of kohomba (*Azadirachta indica*), adathoda (*Adhatoda vasica*) leaves and saffron made into a paste. Dandruff is treated with lime or lemon (*Citrus aurdufolia*) juice applied to scalp and left for some time and washed off. When exposed to sun this may cause phyto-photodermatitis. Acne is not considered a "disease" and therefore treatment is often not sought. Various home remedies like green grams, ripe papaw, sandal wood, garlic and onion are used. Sometimes contact dermatitis to garlic and onion can result. The above mentioned plants and preparations could contain pharmacological properties which need further evaluation in the form of scientific trials.

The other major issues affecting Sri Lankan dermatology are the pharmacy and the pharmacists. Some of the pharmacies are managed by unqualified individuals and drugs such as oral steroids, and methotrexate could be purchased without prescription over the counter.

Pharmacists are considered as an alternative to doctors by the poorly informed and underprivileged sections of the society. Such individuals describe their symptoms to the pharmacist, and medications are recommended and sold to them. This is a common practice for the treatment of common dermatoses like acute urticaria, fungal infections and eczemas.

Another curious phenomenon is the purchase of drugs through recommendation of friends and relations.

These unfortunate practices increase the burden on the dermatologist. Diseases are modified by inappropriate topical medications, as in tinea incognito. Severe side effects like hypopigmentation and atrophy of normal skin are also seen after prolonged usage of potent steroids.

Dermatology in Sri Lanka is progressing but there is an urgent need to look beyond the clinical aspects. There is a need for major reforms in dermatology, which include.

- An improvement in patients' awareness and better education about skin diseases. This was highlighted in a study published in Sri Lanka Journal of Dermatology on information provided by newspapers<sup>4</sup>. Only 4.7% of articles were written by the dermatologist and interestingly 7% of the articles carried potentially dangerous information.
- Adequate training in dermatology for medical graduate.
- Availability of the dermatologists in the periphery – this should be achieved with the new training programme.
- Continuous dermatology education.
- Public health approach which is essential

to control dermatological diseases. The new concept of "community dermatology" should be considered where many cases are managed as community problems particularly regarding common skin diseases. I also would like to remind Sri Lankan dermatologists to be prepared to tackle.

- An increasing case load of leishmaniasis, assuming epidemic proportion.
- Parthenium dermatosis.
- Dermatological problems connected to diseases like chikungunya, AIDs.
- New emerging disease among the school children, submucous fibrosis following addiction to "PAN PARAG" which contain betanuts, tobacco, cardamom and lime menthol as its ingredients.

#### References

1. Urugoda CG. Medical references in ancient inscriptions of Sri Lanka. *Ceylon Medical Journal* 1977; **22**: 3-10.
2. Urugoda CG. Some historical aspects of dermatology in Sri Lanka. *Journal of the Ceylon College of Physicians* 1990; **23**: 13-23.
3. Wikramanayake TW. Food believes and practices. *Food and Nutrition* 2002; **27**: 351-60.
4. Perera A. What the Sri Lankan newspapers publish on care of the skin. *Sri Lanka Journal of Dermatology* 2003; **7**: 19-21.